

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11302

APR 23 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

- (a) County JASPER
 (b) City or town JOPLIN, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOHNS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY
 In this community all his life (Specify whether years, months or days)

3. (a) PRINT
FULL NAMEMORRIS H. ROE

8. (b) If veteran,

name war

no

8. (c) Social Security

No. —

4. Sex

MALE

5. Color or

race W.

6. (a) Single, widowed, married,

divorced none6. (b) Name of husband or wife none

6. (c) Age of husband or wife if

alive — years

7. Birth date of deceased

no Record

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

ABOUT 60 YRS??

hr.

min.

9. Birthplace

WEBB CITY

(City, town, or county)

MO.

(State or foreign country)

10. Usual occupation

LABORER

11. Industry or business

12. Name

no record

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Verdy Spear

(b) Address

Joplin, Mo.17. (a) FAIRVIEW

(Burial, cremation, or removal)

(b) Date thereof

3/21/40

(Month) (Day) (Year)

(c) Place: burial or cremation

FAIRVIEW

18. (a) Signature of funeral director

Wm K. Schubert

(b) Address

Joplin, Mo.19. (a) 3-28-40

(Date received local registrar)

(b) Ed S. Jones

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County JASPER
 (c) City or town JOPLIN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 502 Penn
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
 year 1940 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 17, 1940 to Mar 18, 1940
 that I last saw him alive on Mar 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of liver

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) 3919
 (b) Date of occurrence 3/21/40
 (c) Where did injury occur? Joplin, Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury
 While at work? At work
 28. Signature Wm K. Schubert (M. D. or other)
 Address Joplin, Mo Date signed 3/20/40

RECEIVED

District Health Officer No. 6,

District

440-1050

Date Filed

APR 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.